

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-037034

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 231

Primary Registration District No. 3048

Registrar's No. 227

FILED OCT 7 1963

VS 300
Rev. 4/59

1 0745

2 0740

3

4 0

5 2

6

7 0

8 2

9 420.1

10

11

12 2-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Nodaway	
b. CITY (If outside corporate limits, give TOWNSHIP only) MARYVILLE		c. CITY OR TOWN Skidmore	
c. FULL NAME OF (If NOT in hospital, give location) St. Francis Hospital		d. STREET ADDRESS (If outside, give location) Skidmore	
3. NAME OF DECEASED (Type or print) First Charles Middle Clinton Last TNEPPER		4. DATE OF DEATH Month 9 Day 26 Year 1963	
5. SEX MALE	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-1-1878
9. AGE (last birthday) 84		10. BIRTHPLACE (City and state or country) Buy, Mo.	
11. CITIZEN OF WHAT COUNTRY U.S.A.		12. NAME OF HUSBAND OR WIFE UNKNOWN	
13a. FATHER'S NAME Hiram TNEPPER		13b. MOTHER'S MAIDEN NAME UNKNOWN	
14. WAS DECEASED EVER IN U.S. ARMED FORCE (Yes, no or unknown) (If yes, give war or dates) No		15. INFORMANT Donald TNEPPER, K.C. Mo.	
16. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic Myocarditis DUE TO (b) Coronary atherosclerosis DUE TO (c) Coronary sclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Benign prostatic hypertrophy PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour 6:00 p.m. Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 9/11/63 to 9/26/63 and last saw him alive on 9/26/63 Death occurred at 6:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Deceased or title) B. F. Dylund M.D.		22b. ADDRESS Maryville Mo.	
22c. DATE SIGNED 10/1/63		22d. LOCATION (City, town, or county) (State) Skidmore, Mo.	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 9-29-1963	
23c. NAME OF CEMETERY OR CREMATORY Hillcrest Cem.		23d. LOCATION (City, town, or county) (State) Skidmore, Mo.	
24. FUNERAL DIRECTOR Atchison, Maryville, Mo.		25. DATE RECD. BY LOCAL REG. 10-1-63	
26. REGISTRAR'S SIGNATURE Bess Bolt			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

NOV 27 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

J M Atkinson

Licensed Embalmer No.

2279

P. O. Address

Wagonville Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.